



P.O. Box 50636, Knoxville, TN 37950
Phone: (865) 588-5422 Fax: (865) 588-6857



August 26, 2009

Mr. William Shane
Surface Water Permits Branch
Kentucky Department for Environmental Protection
Division of Water
200 Fair Oaks Lane
Frankfort, KY 40601

**RE: Response to KPDES Application Notice of Deficiency
Renewal of KPDES Permit # KY0023248 at
Pilot Travel Centers LLC #156
Highway 813 Exit 37 Pennyryle Parkway
Morton's Gap, KY 42440**

Division of Water Reference Numbers: AI ID: 1892

Transmitted by: USPS Certified Mail # 7009 0080 0000 6935 3341

Dear Mr. Shane:

Dynamis, Inc. (Dynamis), on behalf of Pilot Travel Centers LLC (Pilot), is providing the additional information requested, in accordance with your letter dated August 10, 2009 for the above referenced KPDES permit renewal application. Also, pursuant to our telephone conversation this morning, I have revised pages 1 and 2 of Form 1 with the information requested (see attached pages). You indicated that the additional information should be inserted on the pages you provided (showing your agency use numbers) with the application deficiency letter.

Pilot and Dynamis would like to take this opportunity to thank you and The Division for your guidance and assistance in facilitating the permit renewal process for this facility. Please feel free to contact me with any questions at 865-588-5422 ext 208 or email me at alanfass@dynamis-inc.com. Thank you in advance for your time in this matter.

Respectfully submitted,

Alan J. Fass
Project Scientist
Dynamis, Inc.

Cc: Mr. Joey Cupp, Pilot Travel Centers LLC

KPDES FORM 1

AZ #1892



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JUL 30 2009

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
 Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
 KPDES Branch (502) 564-3410

OK 2009

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	2	3	2	4	8
A. Name of Business, Municipality, Company, Etc. Requesting Permit Pilot Travel Centers LLC									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Pilot Travel Centers LLC No. 156					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager, Pilot Travel Centers LLC				
Facility Location Address (i.e. street, road, etc., not P.O. Box): Highway 813 Exit 37 Pennyrile Parkway					Mailing Address: 5508 Lonas Drive				
Facility Location City, State, Zip Code: Mortons Gap, KY 42440					Mailing City, State, Zip Code: Knoxville, TN 37909				
D. Owner's name (if not the same as in part A and C): Pilot Travel Centers LLC					Facility Contact Telephone Number: (865) 588-7488				
Owner's Mailing Address: 5508 Lonas Drive, Knoxville, TN 37909					Owner's Telephone Number (if different):				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: This facility is a travel center which conducts retail sales of diesel fuel and gasoline, as well as retail operations consisting of convenience store merchandise and a fast food restaurant.

B. Standard Industrial Classification (SIC) Code and Description

(Principal SIC Code & Description): 5541-1
Gasoline retail and service station

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:
Hopkins

City where facility is located (if applicable):
Mortons Gap

C. Body of water receiving discharge:
Flat Creek

D. Facility Site Latitude (degrees, minutes, seconds):
37 degrees 15 minutes 29 seconds North

Facility Site Longitude (degrees, minutes, seconds):
26 degrees 87 minutes 91 seconds West

E. Method used to obtain latitude & longitude (see instructions): Mapping software (DeLorme Street Atlas, USA)

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

OK
8-26-09

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0023248

Issue Date of Current Permit:

10/01/2005

Expiration Date of Current Permit:

01/31/2010

Number of Times Permit Reissued:

Unknown

Date of Original Permit Issuance:

Unknown

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

N/A

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Joey Cupp, Environmental Manager, Pilot Travel Centers LLC
DMR Official Telephone Number:	(865) 588-7488

B. DMR Mailing Address:	
<ul style="list-style-type: none">Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), orContact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.	
DMR Mailing Name:	Same as Section I.C.
DMR Mailing Address:	Same as Section I.C.
DMR Mailing City, State, Zip Code:	Same as Section I.C.